

CLAIREMONT NURSING AND REHABILITATION
2120 HEIGHTS DRIVE

EAU CLAIRE 54701 Phone: (715) 832-1681
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/03): 161
 Total Licensed Bed Capacity (12/31/03): 161
 Number of Residents on 12/31/03: 123

Ownership: Limited Liability Company
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 133

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		13.8
Supp. Home Care-Personal Care	No					1 - 4 Years		30.1
Supp. Home Care-Household Services	No	Developmental Disabilities	1.6	Under 65	5.7	More Than 4 Years		25.2
Day Services	No	Mental Illness (Org./Psy)	27.6	65 - 74	8.9			-----
Respite Care	No	Mental Illness (Other)	5.7	75 - 84	41.5			69.1
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	35.0	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	8.9	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.8		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	5.7	65 & Over	94.3	-----		
Transportation	No	Cerebrovascular	14.6		-----	RNs		13.6
Referral Service	No	Diabetes	0.0	Gender	%	LPNs		11.8
Other Services	No	Respiratory	31.7		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	12.2	Male	22.8	Aides, & Orderlies		
Mentally Ill	No		-----	Female	77.2			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total	%
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Resi- dents	Of All
Int. Skilled Care	0	0.0	0	1	1.2	139	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	1	0.8
Skilled Care	15	100.0	299	71	87.7	120	0	0.0	0	27	100.0	153	0	0.0	0	0	0.0	113	91.9
Intermediate	---	---	---	8	9.9	101	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	8	6.5
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	1	1.2	173	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	1	0.8
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	15	100.0		81	100.0		0	0.0		27	100.0		0	0.0		0	0.0	123	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	4.3	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	1.2	Bathing	1.6	82.1	16.3	123
Other Nursing Homes	0.0	Dressing	10.6	81.3	8.1	123
Acute Care Hospitals	92.9	Transferring	15.4	67.5	17.1	123
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	18.7	63.4	17.9	123
Rehabilitation Hospitals	0.0	Eating	59.3	32.5	8.1	123
Other Locations	1.6	*****				
Total Number of Admissions	322	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	6.5	Receiving Respiratory Care		13.8
Private Home/No Home Health	23.3	Occ/Freq. Incontinent of Bladder	63.4	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	37.6	Occ/Freq. Incontinent of Bowel	43.1	Receiving Suctioning		1.6
Other Nursing Homes	2.3			Receiving Ostomy Care		4.1
Acute Care Hospitals	8.9	Mobility		Receiving Tube Feeding		2.4
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	8.1	Receiving Mechanically Altered Diets		40.7
Rehabilitation Hospitals	0.0					
Other Locations	9.5	Skin Care		Other Resident Characteristics		
Deaths	18.4	With Pressure Sores	9.8	Have Advance Directives		92.7
Total Number of Discharges		With Rashes	4.9	Medications		
(Including Deaths)	348			Receiving Psychoactive Drugs		64.2

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	75.6	86.2	0.88	87.6	0.86	88.1	0.86	87.4	0.86
Current Residents from In-County	82.9	78.5	1.06	83.0	1.00	82.1	1.01	76.7	1.08
Admissions from In-County, Still Residing	12.4	17.5	0.71	19.7	0.63	20.1	0.62	19.6	0.63
Admissions/Average Daily Census	242.1	195.4	1.24	167.5	1.45	155.7	1.55	141.3	1.71
Discharges/Average Daily Census	261.7	193.0	1.36	166.1	1.58	155.1	1.69	142.5	1.84
Discharges To Private Residence/Average Daily Census	159.4	87.0	1.83	72.1	2.21	68.7	2.32	61.6	2.59
Residents Receiving Skilled Care	92.7	94.4	0.98	94.9	0.98	94.0	0.99	88.1	1.05
Residents Aged 65 and Older	94.3	92.3	1.02	91.4	1.03	92.0	1.03	87.8	1.07
Title 19 (Medicaid) Funded Residents	65.9	60.6	1.09	62.7	1.05	61.7	1.07	65.9	1.00
Private Pay Funded Residents	22.0	20.9	1.05	21.5	1.02	23.7	0.93	21.0	1.05
Developmentally Disabled Residents	1.6	0.8	2.02	0.8	2.13	1.1	1.47	6.5	0.25
Mentally Ill Residents	33.3	28.7	1.16	36.1	0.92	35.8	0.93	33.6	0.99
General Medical Service Residents	12.2	24.5	0.50	22.8	0.53	23.1	0.53	20.6	0.59
Impaired ADL (Mean)	46.3	49.1	0.94	50.0	0.93	49.5	0.94	49.4	0.94
Psychological Problems	64.2	54.2	1.18	56.8	1.13	58.2	1.10	57.4	1.12
Nursing Care Required (Mean)	9.7	6.8	1.42	7.1	1.37	6.9	1.40	7.3	1.32